

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wkca-fm		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6</div> </div>	
Mailing Address 17 SOutH Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Owingsville</div> <div>State KY</div> <div>Zip Code 40360</div> </div>		<b>Transaction ID:</b> E001E9CFBA71449BFA70 Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Purpose of Expenditure H2KY04071 Ad		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Geoff Davis		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">6788.88</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
Full Name (Last, First, Middle, Initial) of Payee Eu Services		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 75241		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">812.10</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Baltimore</div> <div>State MD</div> <div>Zip Code 21275-5241</div> </div>		<b>Transaction ID:</b> E3F7043B47F9249DE9F1 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure S2OH00113 Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD MICHAEL DEWINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">87825.24</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1052.10</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9</div> </div>	